

PERSONAL INFORMATION:

NAME: _____ POSITION: _____

COMMUNITY: _____

STREET ADDRESS: _____

_____ CITY/STATE: _____

PHONE NUMBER: _____

PURPOSE INFORMATION:

REASON FOR REQUESTING DVD PACKAGE?

(Submission of supporting documentation may be requested)



HOW LONG WILL YOU NEED DVD'S?

DVD must be returned in good working condition otherwise subject to a \$100.00 damage/lost or stolen fee.

AUTHORIZED SIGNATURE: _____

RETURN INFORMATION:

For office use only:

DATE AND TIME OF RETURN: _____

RECEIVED BY: _____

CONDITION OF DVD UPON RETURN: _____

DIVISION OF LOCAL SERVICES

Attn: Donna Quinn

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Boston, MA 02114-9569

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